## Case 19-15914-mdc Doc 144 Filed 02/28/24 Entered 02/28/24 11:29:07 Desc Main Document Page 1 of 2

E.II .										
	n this information to identify you tor 1 <b>Marvin</b> A	our case: A Brooks								
	tor 2				_					
	ed States Bankruptcy Court fo	or the: EASTERN DISTRICT	OF PENNSYLVANIA							
Cas	e number 19-15914				Check if this is:					
(If kn	own)		-			An amende	d filing			
								g postpetition chapter ollowing date:		
<u>Of</u>	ficial Form 106I					MM / DD/ Y	YYY			
Sc	hedule I: Your I	ncome						12/15		
spoi	olying correct information. If use. If you are separated and it is a separate sheet to this for the Describe Employm	your spouse is not filing worm. On the top of any additi	ith you, do not includ	de infor	mati	on about your spo	use. If mo	ore space is needed,		
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fi	ling spouse		
	If you have more than one job, attach a separate page with information about additional employers.	b, Employment status	■ Employed			☐ Emplo	☐ Employed			
		Limployment status	☐ Not employed			☐ Not er				
		Occupation	biotechnician							
	Include part-time, seasonal, conself-employed work.	or <b>Employer's name</b>	Allergen							
	Occupation may include stude or homemaker, if it applies.	lent Employer's address	1 Milleneum Wag Branch Bay, NJ							
		How long employed t	here? 3 years							
Par	Give Details About	Monthly Income								
	mate monthly income as of t se unless you are separated.	he date you file this form. If	you have nothing to re	port for	any	line, write \$0 in the	space. Inc	clude your non-filing		
,	u or your non-filing spouse have space, attach a separate she	1 7 7	ombine the information	for all	empl	oyers for that perso	n on the li	nes below. If you need		
						For Debtor 1		btor 2 or ng spouse		
2.	, ,	salary, and commissions (b		2.	\$	9,686.86	\$	N/A		
3.	Estimate and list monthly of	overtime pay.		3.	+\$	0.00	+\$	N/A		

9,686.86

\$

N/A

Calculate gross Income. Add line 2 + line 3.

Deb	otor 1	Marvin A Brooks	_	C	Case number (if k	nown)	19-15	5914		
					For Debtor 1			Debtor		1
	Cor	by line 4 here	4.		\$ 9,68	6.86	\$	Tilling 5	N/A	
_	-						· —			_
5.		all payroll deductions:	_				•			
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 1,42		\$		N/A	_
	5b. 5c.	Mandatory contributions for retirement plans	5b 5c			0.00	* *		N/A	_
	5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5d		· —	1.23 8.44	· \$		N/A N/A	_
	5e.	Insurance	5e		:	9.95	- \$ -		N/A N/A	_
	5f.	Domestic support obligations	5f.		·	0.00	\$ 		N/A	_
	5g.	Union dues	5g		·	0.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h			0.00	+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 2,88	4.55	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 6,80	2.31	\$		N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-				•			_
	O.L.	monthly net income.	8a		\$ 1,85		\$_		N/A	_
	8b. 8c.	Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent	8b	).	\$	0.00	\$		N/A	-
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d		·	0.00	- \$ -		N/A N/A	_
	8e.	Social Security	8e		·	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.			0.00	\$		N/A	_
	8g.	Pension or retirement income	8g	,-		0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	0.00	+ \$		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,85	0.00	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	8,652.31	+ \$	-	N/A	= \$	8,652.31
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L		-,				Ľ	-,
11.	<ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.         Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.         Specify:</li></ol>									
12.		If the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certaillies						12.	\$	8,652.31
								L	Combi	ned ly income
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?							
		Yes Explain:								

Official Form 106l Schedule I: Your Income page 2